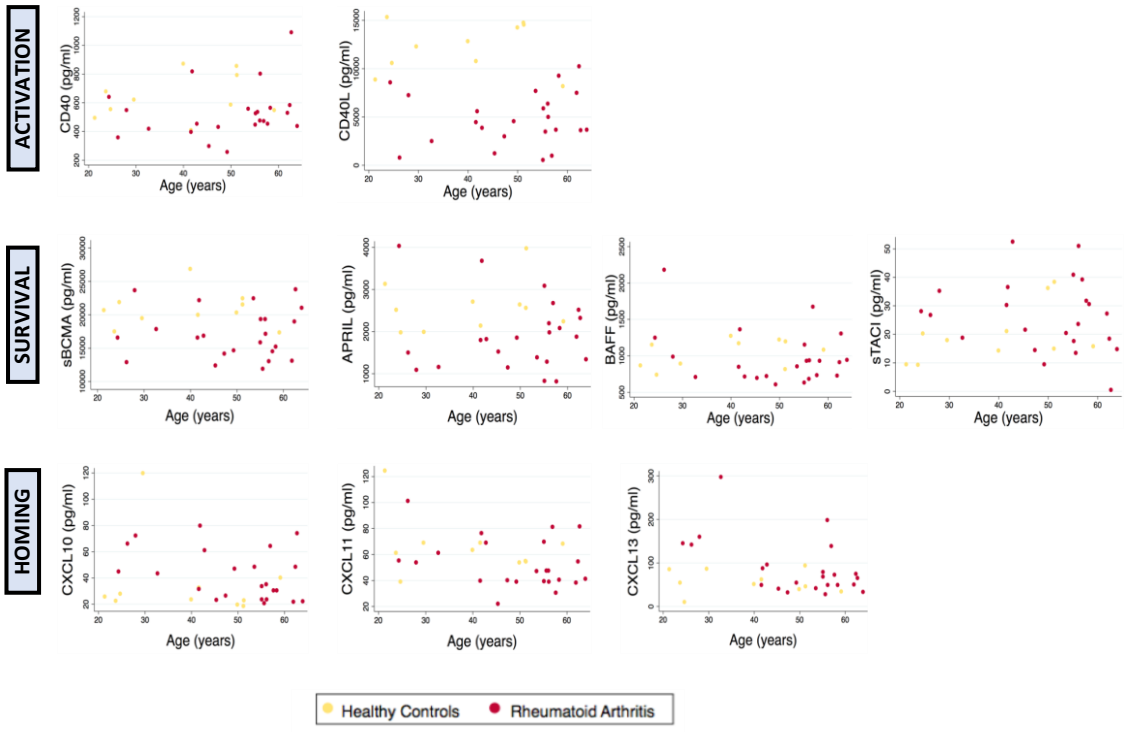

	B-cell/ASC soluble factors (log-transformed scale)								
	CD40	CD40L	sBCMA	APRIL	BAFF	sTACI	CXCL10	CXCL11	CXCL13
Unadjusted	**0.057**	**0.000**	**0.007**	**0.015**	0.357	0.523	0.162	0.072	0.118
Adjusted	**0.028**	**0.000**	**0.011**	**0.024**	0.517	0.422	**0.046**	0.227	**0.027**

Figure S1. B-cell/ASC activation, survival and homing soluble factors between patients with RA (n=23) and healthy controls (n=10)**.** P-values of unadjusted and adjusted comparisons are displayed. There were statistically significant increased levels of CD40, CD40L, sBCMA and APRIL in RA patients that persisted after analyses were adjusted by age. Mild increases in CXCL10 CXCL13 in the RA group became statistically significant in the adjusted analysis.
* Unadjusted analyses performed using non-parametric Wilcoxon rank-sum tests using raw soluble factor values in pg/ml

** Analyses performed using multiple linear regression with log-transformed values of B-cell/ASC activation, survival and homing soluble factors and adjusted by age

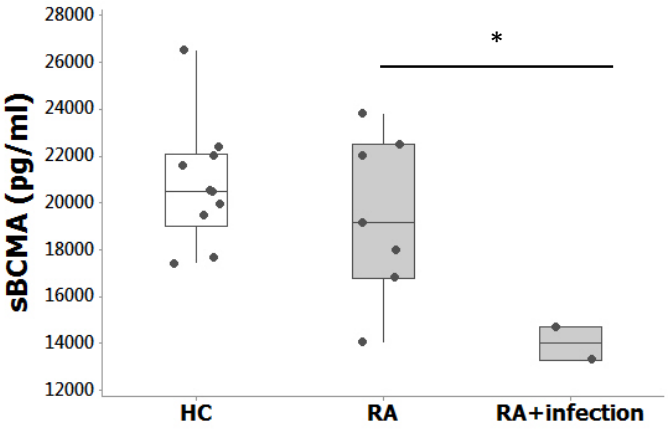

Figure S2. Box plots comparing serum sBCMA protein levels among untreated RA patients with and without infections and healthy donors. Levels of sBCMA in healthy controls (HC, left white box; n=10), untreated RA patients without infections (middle gray box; n=7), and untreated RA patients with infections (right gray box; n=2) are shown. Patients with RA with a history of infections had significantly lower sBCMA levels compared to healthy controls ($p<0.03$). When comparing the two arthritis subgroups (RA with and without infections), we had very few patients and the difference between median serum sBCMA was not significant ($p=0.07$), however, serum sBCMA levels were lower in untreated RA patients with infections following the trend previously seen between these two groups (Fig. 4). *$p<0.05$.